

DO/EO BIBLIOGRAPHIC DATA ENTRY

|                           |                   |                           |                      |
|---------------------------|-------------------|---------------------------|----------------------|
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| NUMBER:                   | PCT/ US97 / 18348 | IA FILING DATE:           | 10 / 03 / 97         |
| MILY NAME:                | TORMO             | DELAY WAIVED (Y/N):       | N                    |
| JEN NAME:                 | MAR               | DEMAND RECEIVED (Y/N):    | Y                    |
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| TORNEY DOCKET NUMBER:     | UTSC:550---/      | COUNTRY:                  | USX                  |
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PPLICATION TITLES:  
 INHIBITION OF BCL-2 PROTEIN EXPRESSION BY  
 LIPOSOMAL ANTISENSE OLIGODEOXYNUCLEOTIDES

TAB TO LAST POSITION,PUSH SEND



Bib Data Sheet



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|------------------------------------|---|---------------------|--|---|
| <b>SERIAL NUMBER</b><br>09/381,747 | <b>FILING DATE</b><br>09/22/1999<br><b>RULE</b> - | <b>CLASS</b><br>424 | <b>GROUP ART UNIT</b><br><del>1815</del><br>1635 | <b>ATTORNEY DOCKET NO.</b><br>UTSC:550-1PAR |
|------------------------------------|---|---------------------|--|---|

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**\*\* CONTINUING DATA \*\*\*\*\***  
THIS APPLICATION IS A 371 OF PCT/US97/18348 10/03/1997  
WHICH IS A CONT OF USAN 98/726,211, filed 10-4-96

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE**  
**GRANTED \*\* 03/02/2000** \*\*

|   |                                  |                             |                           |                                |
|---|----------------------------------|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>SPAIN | <b>SHEETS DRAWING</b><br>11 | <b>TOTAL CLAIMS</b><br>20 | <b>INDEPENDENT CLAIMS</b><br>3 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                  |                             |                           |                                |
| Verified and Acknowledged<br><i>Karen L. Parker</i><br>Examiner's Signature   | <i>KAP</i><br>Initials           |                             |                           |                                |

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|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>400 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                                   |   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
|                                   |   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
|                                   |   | <input type="checkbox"/> 1.18 Fees ( Issue )                   |
|                                   |   | <input type="checkbox"/> Other _____                           |
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